Loan Change Request Form

Student Name: ____________________________________________________________
C-Number: ________________________________

Phone Number: ________________________________
Today’s Date: ________________________________

Loan fund (please circle the loan you wish to adjust): If adjusting more than one loan please complete another Loan Change Request Form

Subsidized Unsubsidized Parent PLUS Grad PLUS TEACH Perkins Alternative (Private)

Choose Term (please circle semester and indicate year in which change should be made):

Summer ________ Fall ________ Spring ________

Please indicate how you would like the loan adjusted (please circle change and the amounts):

A. Reduce/Decline/Cancel

$________________________ $________________________
Original Gross Amount New Loan Gross Amount

B. Reinstate/Increase amount

$________________________ $________________________
Original Gross Amount New Loan Gross Amount

C. Return Refund

$________________________
Amount

D. Increase Unsubsidized Stafford Loan due to PLUS denial amount (circle academic standing and write in amount):

$________________________ Freshman/Sophomore (maximum $4,000) $________________________ Junior/Senior (maximum $5,000)

By signing this form, I authorize the SUNY Cortland Financial Aid Office to make the changes that I have requested above. I have taken the loan origination fees into account when adjusting the amounts. If I have requested a cancellation and/or reduction of a loan that has already credited to my account, I understand that I am responsible for paying the balance owed to SUNY Cortland if a balance results from my request. Additionally, if I adjusted any of my loans and have created a balance due to SUNY Cortland I must discuss a plan of action with my Financial Aid Advisor and the Student Accounts Office (credit card, payment plan, etc.). If a refund check has been issued and I am now requesting a cancellation and/or reduction I understand that I am responsible for contacting the Student Accounts Office at SUNY Cortland to void the refund check.

_____________________________________________ _______________________________ _______________________
Student Signature (required) Date

_____________________________________________
Financial Aid Advisor

Processed/Completed Date